

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009558

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 7

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 7
FILED FEB 20 1962

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)

CHAFFEE

Length of stay in 1b

3 1/2 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

414 N. THIRD ST.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

SCOTT

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

CHAFFEE

d. STREET
ADDRESS

414 N. THIRD ST.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

NICHOLLS WASHINGTON DARTER

4. DATE
OF
DEATH

FEB. 9, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JUNE 9 1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months 8 Days 8

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life even if retired)

FARMER (RET.)

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

VIENNA, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM R. DARTER

13b. MOTHER'S MAIDEN NAME

MARY WOOD DARTER

14. NAME OF HUSBAND OR WIFE

MARY WOOD DARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Roy W. DARTER - CAPE GIRARDEAU, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Spring 1957 to 9 Feb 62 and last saw her him alive on 9 Feb 62
Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

Chaffee Mo

22c. DATE SIGNED

10 Feb 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

FEB. 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK CEM.

23d. LOCATION (City, town, or county)

CAPE GIRARDEAU, Mo.

(State)

24. FUNERAL DIRECTOR

BISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 16 1962

26. REGISTRAR'S SIGNATURE

Miss Fred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

VS FEB 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.